

State of West Virginia
Purchasing Division**AGREEMENT**Purchase Order # TDR4722WVFIMS Account # 3067-2014-7511-618-574

TEAM Vendor # _____

WVFIMS Vendor # 0000658412 166506 Basis #

I, Old White Charities, Inc, agree to perform the following services
 for WV Division of Tourism (Name and address
Known) at 80 MacCorkle Ave, SW, South Chas (Address)

(Detailed description of services to be performed)
Fulfillment of sponsorship and hospitality services rendered.

Date(s) of Service: from July 1, 2014 6/30/14 1HB to October 31, 2014The rate of pay shall be \$500,000.00 per N/A not to exceed
\$ N/A for the entire term of the contract.

NOTE: Any anticipated travel must be incorporated into the vendor's fee. No travel will be reimbursed by the State and is the sole responsibility of the vendor. The following certification must be completed and signed if the vendor is a full-time employee of the State of West Virginia.

Please check the appropriate box below:

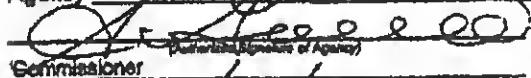
I am not currently a full-time employee of the State of West Virginia;
 I am currently a full-time employee of the State of West Virginia (complete certification below).

It is hereby certified that the services to be performed under this agreement will not interfere with or detract from the full-time duties of the employee and the amount of annual compensation received by _____ (above named vendor) from the State of West Virginia for full-time employment during the current fiscal year will be \$ _____. The vendor serves as _____ with the title of _____, certified by _____ (Signature)

GENERAL TERMS AND CONDITIONS: The General Terms and Conditions for Agency Delegated Master Terms and Conditions located on the Purchasing Division's website at <http://www.state.wv.us/edmln/purchase/TCA.pdf>, ("Terms and Conditions") are hereby made a part of this agreement and are specifically incorporated herein by reference. By signing this agreement, Vendor certifies that it has reviewed the Terms and Conditions, fully understands them, and agrees to be bound by their provisions.

APPROVED BY:

Agency Division of Tourism


 Commissioner John D. Hardesty
6/5/14 (Date)

Vendor Old White Charities, Inc.
By: John D. Hardesty
27-137-9863
6-5-2014 (Date)

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Bank Account : 0001 Document Code :
Check / EFT Number : Doc Dept : 0304
Check / EFT Amount : Document ID : AUTO1500079409
Record Date : Cleared Date :
Last Action Date : Status :

<u>Bank Account</u>	<u>Check / EFT Number</u>	Check / EFT Amount	Document ID	<u>Status</u>	Cleared Date	Cancellation Reason	Comments	Trace Number
✓ 0001	000001000069971	\$600,000.00	AUTO1500079409	Paid	08/01/2014			29069709

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